



*A newsletter for employees of  
the Portland VA Medical Center*

# In the News

Almost Spring 2006

## A Message from the Director

James Tuchschiidt, MD, MM  
PVAMC Director

We are at a major milepost on the road to Magnetism. Our site visit is just around the corner. The dates are locked and the schedule set. While I certainly hope we are honored with Magnet recognition, like many things in life, it is the journey that counts.

Aiken et al concluded in a 2002 JAMA article that the process of seeking Magnet status improves nurse staffing and professional satisfaction, and may improve quality outcomes by improving working conditions, autonomous decision making, nursing participation in resource allocation, and skill development.

Rochdale is a small 19<sup>th</sup> century town of about 200,000 that sits on the river Roch as it meanders through the rugged Pennine Hills in northwest England through the Cheshire Plain on its way to the Irish Sea. The Rochdale Infirmary was the first hospital to achieve Magnet accreditation in the UK. Before accreditation, they had a relatively stable work force that was somewhat older

**PVAMC is being considered by the American Nurses Credentialing Center for the prestigious designation of Magnet, a recognition that can only be earned by organizations demonstrating nursing excellence. We submitted our application and documentation to the Magnet Recognition Program in June of last year and in November were asked for additional information. In January, we learned that we had scored in the “range of excellence” and would receive a site visit March 5-7, the next step in potential Magnet recognition.**

than average compared to other British hospitals. Most aspects of nursing morale and job satisfaction were also on par.

In 2000, they began their trek. They carefully measured outcomes before and after. Job satisfaction rose 28% and the number of nurses who were considering other jobs fell by almost 30%. Nurses felt they had more control over resources, more professional autonomy, more support for innovative ideas, and were twice as likely to say that quality of care had improved in the last year.

As I walk around our medical center, I see some of the same changes and I believe the changes go beyond nursing. The PROMISE campaign was



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## Director's message cont.

started by nurses to recognize behaviors that are consistent with our mission. That innovative idea was embraced by the entire medical center, and I now notice PROMISE pins on a wide range of employees - from nurses to accountants.

Magnet recognition would be well deserved, in my humble opinion. Such recognition would acknowledge the enormous commitment of our staff to excellence and the strength of nursing in particular. But the path that has brought us to this milestone has changed our organization. It has brought us a new sense of purpose, a new commitment to the patients we serve, and a new framework to focus on the quality of care. If that improves job satisfaction, retention, and our ability to recruit highly qualified nurses, then we have accomplished a lot and served America's veterans well.

**“... the Magnet Recognition Program is the professional nursing Gold Standard ...”**

## From the Deputy Director/Assoc. Director for Patient Care Services

Kathleen Chapman, MSN, RN,  
FACHE

We're getting a Magnet site visit - WOW! To say I never had any doubts would not be entirely truthful. Once, for about 15 minutes, I admit that I waivered. It was not that I doubted you are Magnet, it was related to the timing given everything else we were being challenged with. I asked the next nurse I saw whether we should go forward or wait. The response was an emphatic, "Yes! We should go forward, now!"

For the past two years, part of my computer log-on has been something Magnet-related. It's kept me focused. Getting to this place represents much effort on the part of many, many people. I am grateful for the unending "yes" responses to taking on additional assignments and additional leadership roles.

As you may know, the Magnet Recognition Program is the professional nursing Gold Standard for patient care quality and nursing practice. The program grew up around the study of what attracts nurses to a given institution, what contributes to their decision to stay or leave, and what the associated patient outcomes represent.

This pursuit would not have been possible without the organization having already chosen employee satisfaction as one of our two major strategic goals (Magnet is nursing's pathway to the goal of employee satisfaction), or without the strong professional nursing presence that has been PVAMC's reputation long before my time here, or without the excellent relationship nursing enjoys with physician colleagues and with all of the other members of the interdisciplinary and support teams. The medical center is not the magnet...each individual interaction is.

Surely we are not perfect. Surely there are always opportunities to improve. This is my ninth medical organization over a 35-year career, and I can tell you that there is something special here. I experience it every day. Pursuing the Magnet award has solidified our nursing culture and has given us shared mutual goals. The process, itself, has been a journey of improvement.

When we first started talking about whether to pursue this initiative in 2000, there were 18 designated Magnet facilities. Today there are 186, including the Tampa VA and the Houston VA. Over these five years, the



## Deputy Director's message cont.

Magnet standards have been revised twice, and the criteria have gotten tougher. According to the American Hospital Association, there are 5,759 hospitals in the United States. At 186, only 3% of all hospitals have achieved Magnet status.

Many medical centers submit the documents, but they do not score high enough to warrant a site visit. I am told that two-thirds of those hospitals who are site visited are successful in subsequently achieving a Magnet designation - one-third are not. The San Diego VA was site visited in 2005. They were not designated. They appealed, provided additional information, had a second site visit, but still did not receive the designation.

The standards are tough, and I am ecstatic that we have achieved this level in the process. I look forward to the site visit on March 5, 6, and 7, 2006!



*One quality that makes a facility Magnet: Knowledgeable, strong leaders set the direction and act as advocates for staff.*

*The Fall 2005 issue of In The News featured VA's response to the devastation of hurricanes Katrina and Rita. In tribute to all the employees from PVAMC and throughout VISN 20 who have volunteered in the aftermath of disasters, we now tell two stories among so many of how local VA staff faced this challenge - the story of Diana Hardin's mission to the Asian Tsunami zone and the experiences of Dr. Steve Gibson, one of the first PVAMC employees deployed after Hurricane Katrina.*

## After The Waves

### A Floating Hospital in the Tsunami Zone

by Ashley Brodie



**Diana Hardin** is a modern-day Renaissance woman. She has been many things to many people: wife, mother, grandmother, PTA member, master gardener, elementary school teacher, nurse, volunteer. She tends to llamas, cows, sheep, and goats on her farm and drives 38 miles each way to the

Portland VA Medical Center, where she works three days a week as an operating room nurse.

But somewhere between the herds of livestock and her seven grandchildren, Hardin's life took a turn from the routine to the remarkable. A cursory glance at Nurse Week magazine revealed a tiny ad requesting RNs to help with a disaster-relief collaboration of Project HOPE and the U.S. Navy. Hardin knew this was a great opportunity to volunteer her time, so she - along with 4,000 others - eagerly responded. Only 100 positions were available, but within days she was selected for one of them.

On February 26, 2005, Hardin left Portland and traveled to Banda Aceh, Indonesia, for a three-week mission. A 9.2 magnitude earthquake - the second largest ever recorded on a seismograph - had hit the country on the day after Christmas. To make matters even worse, the earthquake was followed by a monstrous tsunami that exploded onto the shores of Indonesia, Sri Lanka, Southern India, Thailand and other countries. Estimates put the death toll at more than 280,000 people.

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## After the Waves cont.

Hardin's team replaced another aboard the U.S. Navy ship called USNS Mercy, which had begun its mission in the region as U.S. military rescue operations wound down. The Mercy's mission marked the first time the Navy joined forces with a non-government organization for humanitarian relief.

The Mercy is a converted oil tanker. It operates in the Pacific Ocean, while its companion ship, USNS Comfort, operates primarily in the Atlantic. At 900 feet in length (that's three football fields) and with 12 operating rooms, four intensive care units, numerous wards, and a vast array of state-of-the-art medical equipment, the "twins" are the two largest trauma hospitals in the world, both capable of receiving up to 1,000 battle casualties.

The ship's health care staff was a unique blend of volunteers, both military personnel and civilians, including a dentist and an optometrist. Civilian Merchant Mariners, or "pirates" as Hardin described them, were responsible for all the ship's operations and maintenance. With the look of pirates and the hearts of saints, they steered the ship from place to place and helped out with projects on shore, such as the rebuilding of a hospital 3.5 miles inland that had suffered extensive damage in the tsunami, with more than 400 patients and staff dead. Hardin recalls that they seemed "hardened to their life at sea," yet they never hesitated to contribute their own money to provide toys



The Hospital Ship USNS Mercy alongside the USS Abraham Lincoln near Sumatra, Indonesia

and other necessities for every child who boarded the Mercy.

A U.S. Navy Force Protection unit provided armed protection around the clock, both on and off shore. The Navy also supplied support ships that remained nearby and delivered resources including food, fuel, and vital medical supplies.

The final addition to the ship's team served a very different but equally crucial purpose: promoting communication among staff and patients in spite of language and cultural barriers. Translators, mostly provided by USAID, were among the many who helped patients through their treatment.

The majority of Indonesia's citizens are Muslim, and cultural lessons among the crew and the patients became an integral part of daily life and the patient care regimen. The staff even held a crash course on hand shaking and provided a "cheat-sheet" of common phrases. In deference to the local customs, staff members were instructed to dress and speak modestly in honor of Muslim tradition.

Living conditions aboard the Mercy were an experience all their own. All female volunteers including nurses, translators and doctors slept in the enlisted berthing compartment, located 30 feet below sea level. Seven-foot tall ceilings with bunk beds stacked three high made space limited and maneuvering difficult. However, despite the cramped quarters, members of the makeshift crew found a way to make it their home, even if only for a short while. The translators, who were mostly Muslim, would don elaborate lace gowns and veils to pray twice daily near the small bunks.

Hardin's first patient during the mission was a little boy with "tsunami lung" who had been swept up by the wall of water and found clinging to debris, later developing pneumonia and brain abscesses. Despite his grave condition, he ended up walking off the ship.

Hardin said a notable difference in patient care was that the family members, as opposed to patients themselves, made most medical care decisions - a practice rarely seen in America. Patients arrived with an

## After the Waves cont.

escort of family members who slept on the ship. But the significant differences in patient care aboard the Mercy reached far beyond consent. Hardin and the crew faced the repeated challenge of providing medical care to people who would have little, if any, follow-up care once they left the ship. As a whole, the people of Banda Aceh were destitute and had virtually no access to regular health care. They traveled by the hundreds from villages both near and far.

Time constraints were another issue. Each patient's condition varied in severity, as did the time Hardin and staff had to treat it. Fortunately Hardin suffered only one loss during her initial mission - a little girl who suffered from severe bowel problems following an unsuccessful appendectomy. Although unable to save her life, the nurses took up a collection used to provide a proper burial for their young patient. In all, the Mercy team saw more than 6,000 patients during the mission, performed more than 250 operations and conducted some 4,000 eye exams on shore.

Hardin said she was surprised to learn how deeply religious an organization the U.S. Navy is: each night at 10:00 the Chaplain would offer a prayer over the ship's general announcing system. If a patient had died that day, the Chaplain was sure to include a remembrance in his prayer. "I am not a religious person," Hardin said, "but I have never felt closer to God than I did on the ship."

At the end of three weeks, the Mercy departed for its home port, as the Indonesian government required that all military relief workers be out of the country by March 28<sup>th</sup>. Just a scant few weeks later, an unexpected twist occurred when another earthquake struck, leaving numerous additional victims injured or dead. The President of Indonesia called the Mercy back for another three-week mission, signifying not only a new level of trust between the two foreign countries, but a huge sign of hope for the victims.

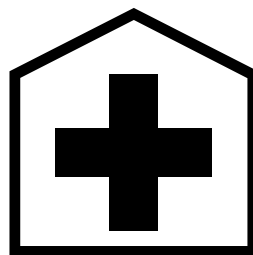
Hardin had been back in Portland a total of ten days before she was deployed to Nias, Indonesia, on April 3, 2005. The Mercy was the first humanitarian relief to arrive, and with a death toll of nearly 2,000 and rising, it became evident that this mission would be more disaster-relief oriented. The earthquake caused intense injuries, including fractures and crushing wounds. Diseases such as whooping cough, dengue fever and Japanese encephalitis claimed more lives, especially infants. "The enormity of the disaster struck a chord with me," Hardin said. "I have no patients I wish to forget, and for some reason I can still remember them all."

When Hardin's second mission was complete, she traveled home knowing she had made a difference. She later received the President's Voluntary Service Award and admits that her life has never been so blessed. "The whole experience, the friends I have made, the patients whose lives we changed forever, being called a "shipmate" by the Captain of the ship (the highest compliment he could give), going to the White House and meeting the President. Would I do it again?" She pauses for but an instant, and a poignant, heartfelt smile creeps slowly across her face. With a firm, confident, committed nod of her head she answers, "In a heartbeat!"

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## Two Weeks in Post-Katrina Louisiana

By Ashley Brodie



Hurricane Katrina left the country and world in a state of sorrow and disbelief. But while some could only feel sympathetic and perhaps donate to relief funds, others were able to take action and put their skills to good use. Many VA staff volunteered their assistance in the disaster zone. Among the first to be deployed from PVAMC was

**Dr. Steven Gibson**, Camp Rilea Group Practice Manager and PVAMC Clinical Board Chair.

"I volunteered in a hurry after I saw the pictures of the levies breaking," Dr. Gibson said. His enthusiasm landed him in Alexandria, Louisiana, on September 4, 2005. He was originally scheduled to work at the Jennings

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# NEWS BRIEFS

## New Transplant Lodging Dedicated in Vancouver

A Ribbon Cutting and Open House was held February 8, 2006, for the new Transplant Lodging Unit in Vancouver. This new building has more than 23,000 square feet and three wings, including 30 two-bed rooms dedicated to serving as a home-away-from-home for transplant patients and their families. These patients are here for long periods of time and require a safe, clean and comfortable environment while undergoing pre-transplant testing and post-transplant recovery in Portland's liver and kidney transplant program. In addition to offering a beautiful and welcoming environment, the new building has achieved the designation of "green" for use of energy-saving, low-environmental-impact products in its construction.



Open House guests enjoy one of the community kitchen/living room areas at the new PVAMC Transplant Lodging Unit in Vancouver.

## Bowling Association Brings Early Christmas to NSCU

Thanks to the Clark County Men's and Women's Bowling Association, the Nursing Skilled Care Unit in Vancouver had an early Christmas, with a wealth of gifts donated during a presentation November 11 in the NSCU dining room. Among the donations were food, clothing, gift cards, television sets, VCRs and a microwave oven.



## Veteran's Letter Thanks His Hero

A letter in the November 11, 2005 *Oregonian* paid tribute to one of the many PVAMC staff who are dedicated to the veterans they serve. The letter read:

"I am a Vietnam combat veteran who for years has struggled with emotions and memories that severely limited my ability to be a solid contributor to society. After entering the Veterans Administration's system in 1999, I was assigned to a person who listened to my fears, watched me cry, praised me as a person when no one else cared, and slowly, carefully, made me have the courage to believe in myself. I feel now, after 30-some years, that finally I can be a productive citizen. I wish to publicly thank **Pat Chandler** of the Portland VA hospital's mental health division, who is retiring this month, for the tireless work she has done with all of us who suffer from post-traumatic stress disorder and all the demons that come with that curse. She will be sorely missed by hundreds of men and women from all theaters of war. She exemplifies what truly is a hero."



# NEWS BRIEFS

## Unique New Center Opens its Doors in Vancouver

A Grand Opening was held January 6 for the new Clark County Center for Community Health located on PVAMC's Vancouver campus. The first of its kind in the nation, the Center is a unique collaboration that provides, under one roof, convenient access to enhanced social and health services for veterans and other community members. Partners in the four-story 176,000 square foot building include the Dept. of Veterans Affairs, Clark County Health Department and Clark County Department of Community Services, Columbia River Mental Health Services, Lifeline Connections and Northwest Community Services. A number of VA offices are now located in the building, including headquarters of VISN 20. For more information, visit the Clark County Dept. of Community Services site at [www.clark.wa.gov/commserv/commhealth/index.html](http://www.clark.wa.gov/commserv/commhealth/index.html).



## Keizer Elks Donate Computer Funds for My HealtheVet

In an atrium ceremony on January 11, 2006, the Keizer Elks presented PVAMC Director **Dr. James Tuschmidt** with a check for \$2,500 for two computers and monitors for veterans accessing MyHealtheVet, the VA program that allows patients to access their own VA health information online, either from home or at stations in the medical center. Portland is one of nine VA facilities serving as pilot sites for My HealtheVet and is by far the national leader in numbers of patients enrolled in the program - 3,579 as of February 22, 2006.

## PVAMC Team Looks at Patterns of HIV/ Hepatitis C Testing

A PVAMC team led by **Dr. Marilyn Huckans** and **Dr. Peter Hauser** have found that more than 79 percent of VISN 20 patients who tested positive for HIV had also been tested for Hepatitis C but that only about 35 percent of patients who tested positive for Hepatitis C were also tested for HIV. In their review of testing patterns at VISN 20 health care facilities, the researchers also found that Hepatitis C-positive patients are at increased risk for HIV infection and that HIV-positive patients with substance abuse disorders are at increased risk of Hepatitis C infection. Of those veterans who were tested, 12.3% were positive for Hepatitis C, 5.4% were positive for HIV, and 1.6% were co-infected. Given significant co-infection rates, the researchers recommended that screening and testing for these infections should be increasingly integrated. The findings were reported in the October issue of the journal *AIDS*.

# NEWS BRIEFS

## Dr. Reuler Featured in Portland Monthly Magazine

January's annual "Our Top Doctors" issue of Portland Monthly magazine listed a number of PVAMC physicians, including one of only five doctors profiled in special features - **Dr. James Reuler** (Congratulations to all!). A recent magazine survey of over 6,500 local physicians posed questions such as "Which doctors in Portland epitomize the ideals of the profession?" Guided by the answers, the magazine staff singled out and told the stories of five MDs "whose passion for their work has driven them to the top of their field." The January issue also had a story on advances against multiple sclerosis that included excerpts from an interview with PVAMC researcher Dr. Arthur Vandenbark.



Photos courtesy of Stuart Mullenberg and the Portland Monthly

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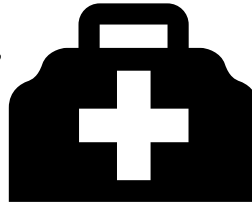
## New Ethics Coordinator Named at PVAMC

**Dr. Karen Rasmussen** has been appointed PVAMC's Integrated Ethics Program Coordinator. Portland is one of 26 VHA pilot sites for this program, a national initiative designed to help VHA facilities transform their traditional ethics committees into programs that better meet the challenges of today's complex health care environment. The initiative offers a systematic approach and a wide variety of tools for improving ethics quality in health care. Watch In The News for more on this program as it gets up and running.



## Post-Katrina cont.

clinic in Jennings, Louisiana; however, Dr. Hollis Reed, Chief of Staff, discovered that Dr. Gibson was a Board Certified Internist, had run an intensive care unit for 12 years, and had worked as a hospitalist. Without hesitation, Dr. Reed concluded that Dr. Gibson's experience would be more beneficial in a hospital position, so he was reassigned to work at the Alexandria VAMC for the remainder of his assignment.



Dr. Gibson's first day on duty consisted of more than 18 hours familiarizing himself with his new patients and staff, as well as the workings of the Alexandria VA's systems and procedures. Unlike his daily duties in Oregon, he had no official management or leadership responsibilities to face. Instead, he spent his days exclusively treating patients with an array of medical conditions such as heart and lung disease, diabetes and cancer. In addition, he treated many people suffering from Katrina-related toxic exposure, unusual skin diseases, infectious diseases and wounds.

Despite being faced with a seemingly endless stream of injuries and illnesses, Dr. Gibson and fellow volunteers and staff members joined forces in a relentless fight against the destruction of Katrina. These people included volunteer Pharmacists who worked long, hard hours to ensure that thousands of patients received their correct medications.

"I was, and am still, proud of the VA staff at New Orleans and Alexandria, especially the people in Alexandria," Dr. Gibson said. "They came to work every day and faced significant changes: explosive growth in services needed, daily influx of new volunteers needing orientation and training, coping with the degree of traumatized patients and staff, all the while dealing with their own grief of loss and changes."



Eventually patients and staff were evacuated from the New Orleans VA to Alexandria and other sites for hospitalization and medical care. Following this evacuation, volunteer VA police and engineers remained to safeguard patient data bases and other significant material assets. They also served as an outlet for vital clinical data that helped save the

lives of hundreds of sick and injured veterans. Dr. Gibson and fellow volunteers developed a process to evaluate these volunteers before assignment. Within Dr. Gibson's first week, they saw 35 of this group, whom he believed to be more than just volunteers, but instead some of the bravest people he encountered. They endured some of the most severe and traumatic events for which Katrina was responsible.

After two weeks of challenges and hard work, Dr. Gibson returned to Portland with mixed emotions. He felt worry for the staff and patients he came to know and care for, guilt for departing after two weeks when there was so much more to be done, and pride in his fellow staff members and

volunteers for the compassionate and empathetic support throughout this catastrophe. Further, Dr. Gibson had an overwhelming sense of appreciation toward his Oregon staff members for carrying out his duties while he was gone and for making his trip a possibility to begin with.

While his stay in Louisiana was brief, Dr. Gibson's presence had a positive and lasting effect on those whose lives were altered by Katrina. And what will he remember most about his experience? The indomitable spirit of his patients, he said, the dedication and camaraderie of his team of staff members and volunteers, and the pride that comes with being a member of the VA family.

## AIDS Quilt Captures Message of Pride and Support

by Kim Winn

In the spring of 2005, PVAMC's Multicultural Diversity Network decided to create an AIDS memorial quilt for donation to the Hospice Unit in Vancouver. **Jeff Pellegrini**, manager of our Special Emphasis Program for gay, lesbian, bi-sexual, and transgender employees, felt that a quilt would capture a message of pride and support, and commemorate our veterans who have suffered with this deadly disease.

The group approached **Kim Winn** and asked her to draft a design that would carry that message. Kim focused on creating a quilt that would instantly be recognized as patriotic, using the theme of red, white and blue. To capture the diversity of our veterans she would use every tone and shade of those colors. To center the quilt, she enlarged a flag pattern that, when put together with a multitude of fabrics, would create a very visual texture - symbolizing the texture of American life. She anchored the flag with a thin, blue border to symbolize loyalty and public service. Around the outside of the quilt would be star blocks, again textured with the different fabrics - no two stars being identical. Corner blocks in a white background would showcase the traditional red ribbons to symbolize the struggle with AIDS. To edge the quilt she decided on red for strength and beauty.

The Multicultural Diversity Network loved the design, and a deadline of December 2005 was agreed on. A call went out to staff requesting donations of fabric and the response was overwhelming! Every shade of

red, white, and blue you can imagine, and dozens of patriotic prints, came in from nearly every part of the hospital. Kim Winn and **Lindsey Psiropoulos** immediately began to wash the fabric and cut the pattern for the blocks. They put together "kits" for the star blocks and asked for twenty volunteers to sew them and turn them in by June 1. Again our employees came through.

**Cleo Scribner**, Kim Winn, and Lindsey Psiropoulos spent numerous hours sewing the stripes for the flag. Using a method called "foundation piecing," they built the different fabrics along a strip of muslin backing. When sewn together, these created a beautifully textured flag. After the border blocks were sewn together and the quilt top assembled, Kim began to design the quilting she would use to sew the top to the batting and back of the quilt. She joked that it's always a challenge to put something so large through a small sewing machine, but the end product was worth the battle!

During a World AIDS Day event on December 8, 2005, **Floss Mambourg**, Associate Director for Operations, and Jeff Pellegrini proudly presented the quilt to **Waynette Ralls**, Nurse Manager of the Hospice Unit. The quilt will be hung on display when not in use by a veteran.

*Editor's Note: The writer neglects to mention that she was approached for this project because she is well known as a talented creator of beautiful quilt designs. The picture is worth.....*



Lindsey Psiropoulos, Jeff Pellegrini and Cleo Scribner with the AIDS quilt designed by Kim Winn

## PVAMC Customer Service Commitment

by Jacalyn Hardy

*Regardless of your job at the Portland VA Medical Center, whether you are on the front lines of patient care or supporting our mission from behind the scenes, what you do makes a difference in the lives of our veterans.*

A number of programs at PVAMC support employees in their efforts to take care of veterans and keep the facility running efficiently. These initiatives are connected, all falling under an umbrella of customer service. PVAMC is actively working to improve and enhance customer service with a variety of programs. Some of them are explored here...



***Affirming The Commitment*** is the newest VHA initiative designed to help VA employees realize work can be more than a four-letter word. This program can help remind employees how to open their hearts to veterans and tap into the human spirit to make the time they spend at work satisfying and meaningful.

*“Affirming the Commitment* provides reinforcement and validation for the reason we are here. It reinforces the fact that our customers, the veterans, have served us well and it is now our turn to serve them,” says **Kelly Goudreau**, Director of Education.

Get TEMPO credit and rejuvenate yourself by viewing the video available for individual or department check-out. You can find a booklet and other materials on the ATC website at <http://vaww.va.gov/atc/>, including touching stories from veterans and VA employees.

For more information about *Affirming the Commitment*, contact the Education Division.



***PROMISE*** is a home-grown PVAMC customer service initiative that originated as nursing leadership began the quest for the Magnet recognition. The Patient and Staff Satisfaction Committee (PASS) then got involved with rolling this initiative out facility-wide. **Alice Avolio**,

Nurse Manager and a member of the PASS Committee, explains, “As a part of the Magnet application process we were asked to clearly articulate what our organization stands for. ***PROMISE*** was born as we struggled to articulate our purpose, our mission, why we come to work each day. It is easy to forget why we are here and how important our mission is during a stressful work day - putting our mission into action helped give birth to ***PROMISE***.”

Each letter of the word ***PROMISE*** stands for a quality embraced by the staff at PVAMC. **P** stands for **Personal Responsibility**. **R** reminds employees to **Respect** veterans, co-workers, and the organization’s reputation. **O** stands for being **Open** to different perspectives, cultures, ideas and change. **M** is for living the **Mission**, **I** stands for **Integrity** and **S** for **Seeking and Sharing** opportunities for improvement. The **E** helps us celebrate **Excellence** as a journey. We have created a pin to be awarded to employees who exemplify the the ***PROMISE*** qualities. **Rich Maichle**, who works in Education and is a member of the Customer Service Workgroup serving under the PASS Committee, notes, “The letters are reminders of the ideals we strive to attain each work day while helping veterans. Wearing my ***PROMISE*** pin is an easy way for me to remember why I work at the VA.”

To submit someone for a ***PROMISE*** pin, simply go to the

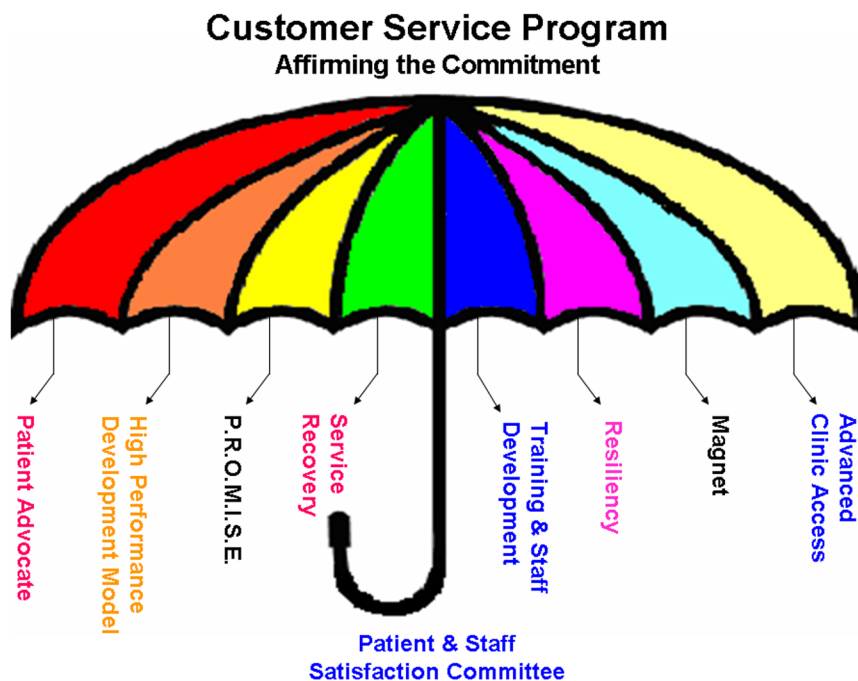
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## Customer Service cont.

PVAMC Web page. Pins are then distributed to supervisors to award to the nominated employees within their department. The names of those who receive a pin will be placed on The *PROMISE* Wall - a portable testament being built in recognition of PVAMC employees and the efforts they make on behalf of veterans and their families. A *PROMISE* quilt is also under construction and will be displayed at both the Portland and Vancouver campuses upon completion. Supervisors and managers can schedule an in - service for their department to learn more about keeping the *PROMISE*.

To learn more about *PROMISE*, contact Alice Avolio or the Education Division.



Another component of customer service not often talked about but important in a comprehensive customer service program is ***Service Recovery*** (see In The News, Fall 2005). This VA-wide initiative serves veterans when regular customer service breaks down. *Service Recovery* looks at a complaint as an opportunity to identify service failures and resolve them. A service failure occurs when a customer perceives a negative VA experience or when service expectations are not met. Elements of *Service Recovery* include customer service refresher training for all employees, Customer Service Advocates at the service or department level, a partnership with the Patient Advocates, scripting, comping, and a data collection process.

“Though we all try hard, in a large organization serving so many patients, it is often easy to give less than stellar customer service. *Service*

## Home is Where...the Hospital Is

Providing acute hospital care in a patient’s home - called Hospital at Home - is a safe and cost-effective alternative for older patients with common and serious age-related conditions, according to a study at PVAMC and two East Coast sites.

“In short, patients who chose to have hospital care at home got high quality care and it cost less,” says **Dr. Scott Mader**, PVAMC Clinical Director of Rehabilitation and Long Term Care, who coordinated the research in Portland.

The Hospital at Home study involved 455 community-dwelling patients 65 and older who visited emergency departments requiring acute care for four common conditions - pneumonia, chronic heart failure, COPD (chronic obstructive pulmonary disease) or cellulitis.



Dr. Scott Mader

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## Hospital at Home cont.

If they met certain criteria, they were given the choice of admission to the hospital or receiving Hospital at Home. More than three in five chose to receive care in their own homes.

“Hospital care is not ideal for older patients,” Mader says, noting that hospital stays are commonly associated with delirium, infection, functional decline, falls, incontinence and nursing home placement. “In our study, Hospital at Home reduced complications, shortened length of stay, and lowered health care costs by one-third,” he says.

Hospital at Home included daily visits by doctors, initial one-on-one nursing care followed by twice daily nursing visits, intravenous treatments, and nebulizer and oxygen therapy. When patients recovered, they were “discharged” back into the care of their primary doctors.

The study found that Hospital at Home patients had timely access to a doctor or nurse, received quality care and had a lower chance of developing delirium, requiring sedatives, or needing chemical restraints. “Patients and families in the study also reported high levels of satisfaction with the care,” Mader notes. “Hospital at Home really worked for them.”

Study patients receiving traditional care for one of the four conditions cost \$7,480 per stay, the researchers found. In contrast, Hospital at Home patients cost just \$5,081, a 32% decrease.

Findings were reported in the December 6, 2005, *Annals of Internal Medicine* by Dr. Mader and other members of the multi-center team led by Dr. Bruce Leff, Associate Professor at the Johns Hopkins University School of Medicine.

While they differ in structure, Hospital at Home models have been employed around the world, particularly in Great Britain, Italy, Israel, and Australia. This is the first such model studied in the United States. The American approach differs markedly from its international counterparts in its high level of physician and nurse supervision and intensive levels of medical services, including oxygen therapy, intravenous treatments, and, where indicated, full-time nursing care.

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## Holiday Trains Entertain in Atrium and NSCU

During the holiday season, electric trains were again a Christmas attraction in the PVAMC atrium in Portland and the NSCU dining room in Vancouver. The Portland train began its trip around the “Tree of Honor” the day after Thanksgiving and continued until December 22<sup>nd</sup>. Volunteers participated by watching and fielding questions about the train and ornaments that decorated the Tree of Honor. Families and friends honored veterans, living or deceased, by placing an ornament inscribed with the veteran’s name on this special tree.

Volunteer Bruce Gross served as engineer of both trains. Gordon Huggins, who donated the Vancouver train, also volunteered his time to help maintain them. Next year, a train recently donated by the Gresham Elks will join the Christmas run.



## Cholesterol Drugs Cut Prostate Cancer Risk

Men who take even small amounts of common cholesterol-lowering drugs such as Lovastatin and Simvastatin reduce their risk of prostate cancer by 65 percent, according to a recent PVAMC and OHSU study reported in the *American Journal of Epidemiology*.

“This study suggests that use of cholesterol-lowering drugs can dramatically reduce a man’s risk of prostate cancer, particularly the more aggressive forms,” says study leader **Dr. Jackilen Shannon**, research scientist at PVAMC and a member of the OHSU Cancer Institute.

Prostate cancer is the second leading cause of cancer deaths among U.S. men, Shannon notes, and there are few options for prevention. She and her colleagues became interested in the relationship between statin use and prostate cancer because other recent research has shown that statins induce cancer cell death and arrest growth in a number of tumor types.

The VA/OHSU researchers evaluated the association between statin use and prostate cancer risk in 100 male veterans who had been referred for prostate biopsies at PVAMC because of elevated prostate specific antigen (PSA) levels or abnormal prostate exams. Statin use among these men was compared to the use of statins among a control group of 202 VA patients whose PSA had been level for a year. Study patients were part of a larger study that allowed the researchers to consider the possible effect of many different factors such as cholesterol and fat in the diet, body mass, age, race, and other drugs, such as those that lower lipid levels.

When statin use was grouped by duration and intensity of use, the research team found men who had used the drugs the longest and at higher doses reduced their risk the most. These results remained consistent when individual types of statins were analyzed separately.

Shannon notes that these results are intriguing but from a small study and must be viewed cautiously. Should the findings be repeated in larger studies, they may provide the necessary evidence to consider statin use for prostate cancer prevention.



## Customer Service cont.

*Recovery* gives us the opportunity to do it very right the second time,” says **Angie Morkert**, a Patient Advocate at PVAMC.

Customer Service and *Service Recovery* are the responsibility and privilege of every PVAMC employee. Customer service research has shown that for every customer who complains, there are between 25 and 40 other customers who had a similar experience but didn’t say a word. Further, every time someone shares a positive customer service experience with a friend, they’ll tell an average of EIGHT people about their *negative* customer service experience!

The Pharmacy was the first department to pilot the *Service Recovery* Program at PVAMC. The program is taking shape and will next be rolled out in the ECU through the Customer Service Work Group of the PASS Committee. Soon, each area of the hospital will have Customer Service Advocates and an active *Service Recovery* Program in place to serve veterans.

For more information about *Service Recovery*, contact the Education Division or **Diane Yassenoff** in Public and Congressional Affairs.

Look for stories about other PVAMC Customer Service initiatives in future issues of *In The News*.

### Story for TEMPO Credit

Q. Where IS the Q/A TEMPO Article?

A. In the Spring issue of *In The News*, where you will find TWO TEMPO-credit stories



## Chili Cookoff Winner Shares Recipe

While you wait for winter to end, warm up with some outstanding chili! Many thanks to Nancy Kraft, who won “Tastiest” honors in the Vancouver division of PVAMC’s recent Chili Cookoff, for allowing In The News to print her prize-winning recipe.

### Daddy’s Chili

3/4 tsp each of cumin powder, oregano, cayenne pepper and black pepper

1/2 tsp salt

1 tsp garlic powder

1 1/2 tbsp sugar

3-4 oz. Chili powder

1 1/2 cups cold water

1 oz juice from top of can of jalapeno peppers

3 cans (28 oz) of diced or crushed tomatoes

1 can (15 oz) tomato sauce

3 large green peppers

3 large red onions

1/4 lb. hot Italian pork sausage (one sausage link without skin)

2-3 lbs lean beef (ground or cut into very small pieces)

1/4 cup extra virgin olive oil



Dissolve spices and sugar in the cold water. Top with jalapeno juice. If hotter chili is desired, dice a few of the jalapenos and add to the spices. Set aside. In an 8 quart pot, add diced or crushed tomatoes and tomato sauce and turn to medium heat. When tomato mixture has heated, add cold water and spices.

Next chop green peppers and onions in a food processor. Add olive oil to large frying pan (may need 2 pans) and sauté peppers and onions until tender. Add to chili pot.

Next, sauté sausage and meat until an even grey and add to chili pot. Cover and cook on low heat for approximately 4 hours, stirring every 30 minutes.

Turn off heat, add 1 cup boiling water and stir. Remove from stove and cool on a rack.

Ladle into quart containers and refrigerate or freeze.

If you like beans in your chili, add one can of ranch style beans per quart of chili. Serve with grated cheddar cheese on side.

## Let Us Hear From You



In The News is a newsletter for employees and volunteers at the Portland VA Medical Center. Please submit story ideas or comments to Public Affairs Officer Pat Forsyth by e-mail or call ext. 52975.

Check the new Public Affairs Kiosk, donated by the Beaverton Elks, now located in the Portland atrium with hard copies of In The News quarterlies, In The News Broadcasts, and other public affairs information that may interest our staff, volunteers, and patients. Many, many thanks to the Elks for this generous donation!